

STATE OF FLORIDA  
COMMISSION ON ETHICS  
P. O. DRAWER 16709, TALLAHASSEE, FLORIDA 32317-6709

# COMPLAINT

1. PERSON BRINGING COMPLAINT:

Name: James Williams

Telephone Number: [REDACTED]

Address: 24 Old Oak Drive South

City: Palm Coast

County: Flagler

Zip Code: 32137

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Current or former public officer, public employee, candidate, or lobbyist - please use one complaint form for each person you wish to complain against:

Name: Donald Fleming

Telephone Number: 388-931-9703

Address: 10 Cedarwood Court

City: Palm Coast

County: Flagler

Zip Code: 32137

Office or position held or sought: Sheriff of Flagler County

3. STATEMENT OF FACTS:

Please explain your complaint fully, either on the reverse side of this form or on additional sheets, providing a detailed description of the facts and the actions of the person named above. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. If you believe that a particular provision of Article II, Section 8, Florida Constitution (the Sunshine Amendment) or of Part III, Chapter 112, Florida Statutes (the Code of Ethics for Public Officers and Employees) has been violated, please state the specific section(s). Please do not attach copies of lengthy documents; if they are relevant, your description of them will suffice. Also, please do not submit video tapes or audio tapes.

4. OATH

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

STATE OF FLORIDA

COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this 3 day of April

20 12 by JAMES A. WILLIAMS

(name of person making statement)

T. Robinson  
(Signature of Notary Public - State of Florida)

T. Robinson  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification ✓  
Type of Identification Produced:

FLDL

James A. Williams  
SIGNATURE OF COMPLAINANT

CE FORM 30-EFF. 4/2008



April 2, 2012

State of Florida Commission of Ethics  
P.O. Drawer 15709  
Tallahassee, Florida 32317-5709

Dear Sir or Madam:

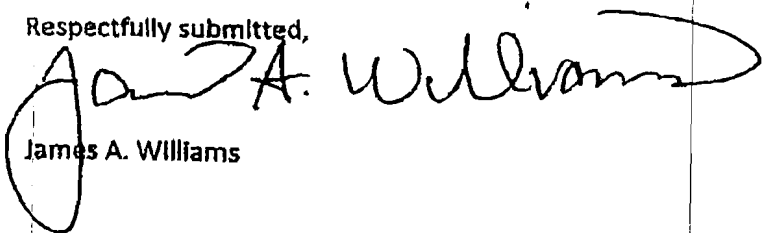
It has recently come to my attention that Donald Fleming the Sheriff of Flagler County, as a recipient of a gift of a free membership to the Hammock Beach Resorts, has never claimed this gift of free membership on the Florida Commission of Ethics Quarterly Gift Disclosure Form from 2005 to the present.

In 2005 I worked for the Ginn Company as the Director of Security for all Florida Northeast properties. My office was located at Hammock Beach Resorts in Palm Coast, Florida. During this time, I was approached by Sheriff Donald Fleming who asked me if I could obtain a gift of a free membership to the resort for him. I advised Sheriff Fleming that due to the value of the gift, I was not authorized by the Ginn Company to give out such a gift. I told him that I would speak with my supervisor about his request. Not long afterwards, I learned that Sheriff Fleming did indeed receive a gift of a free membership to the Hammock Beach Resort. I personally observed Sheriff Fleming on numerous occasions using his gift of free membership. He still enjoys this yearly membership today.

After reviewing Sheriff Donald Fleming's Financial Disclosures forms from 2005 to the present, I found that he has never disclosed this gift in any of the required Quarterly Gift Disclosure Forms. The value of this gift of free membership to the Hammock Beach Resort is valued at approximately twenty thousand dollars (\$20,000) per year.

As a retired law enforcement officer, I feel that this is an egregious breach of ethics and shows total disdain towards the men and women of the Flagler County Sheriff's Office and the fine residents of Flagler County. I respectfully request that this matter be investigated by the Commission on Ethics. Please feel free to contact me at any time. My contact information can be found on this complaint form.

Respectfully submitted,

  
James A. Williams

97520

COMMISSION ON ETHICS

Form 9

QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)

DATE RECEIVED

AUG 29 2011

LAST NAME -- FIRST NAME -- MIDDLE NAME <u>Fleming Donald William</u>			NAME OF AGENCY <u>Flagler County Sheriff's Office</u>	
MAILING ADDRESS <u>1001 Justice Lane</u>			OFFICE OR POSITION HELD <u>SHERIFF</u>	
CITY <u>Bunnell</u>	ZIP <u>32110</u>	COUNTY <u>Flagler</u>	FOR QUARTER ENDING (CHECK ONE) YEAR <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER 20 <u>11</u>	

## PART A — STATEMENT OF GIFTS

**PROCESSED**

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
08/02/11	WINE BASKET	55.00	Host VCSO Sheriff Johnson	Volusia City Sheriff's Office
	shirt	26.00	" "	" "
	Misc Sundry Items	40.00	" "	" "

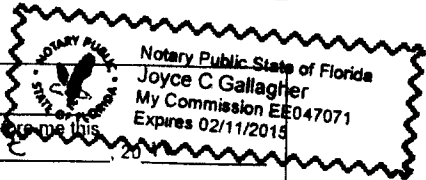
☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

## PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

## PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true accurate, and total listing of all gifts required to be reported by Section 112 3148, Florida Statutes <u>Donald W. Fleming</u> SIGNATURE OF REPORTING OFFICIAL	STATE OF FLORIDA COUNTY OF <u>Flagler</u> Sworn to (or affirmed) and subscribed before me this <u>24<sup>th</sup></u> day of <u>August</u> , 20 <u>11</u>	
	by <u>Donald W. Fleming</u>	
	<u>Joyce C. Gallagher</u> (Signature of Notary Public-State of Florida)	
	<u>Joyce C. Gallagher</u> (Print, Type, or Stamp Commissioned Name of Notary Public) Personally Known <input checked="" type="checkbox"/> OR Produced Identification Type of Identification Produced _____	

## PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709, physical address 3600 Maclay Blvd South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30.)

Q 7520

COMMISSION ON ETHICS  
DATE RECEIVED

MAR 21 2011

## Form 9

QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)

LAST NAME - FIRST NAME - MIDDLE NAME <b>FLEMING Donald William</b>			NAME OF AGENCY <b>Flagler County Sheriff's Office</b>	
MAILING ADDRESS <b>1001 JUSTICE LANE</b>			OFFICE OR POSITION HELD <b>Sheriff</b>	
CITY <b>Bunnell</b>	ZIP <b>32110</b>	COUNTY <b>Flagler</b>	FOR QUARTER ENDING (CHECK ONE) <input checked="" type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <b>2011</b>	

## PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
01/26/11	Push Back Bag	38.82	Sheriff Tom Seagraves	Nassau City Sheriff's Office
" "	Commemorative Badge	38.00	" "	" "
" "	Knife	62.00	" "	" "
<b>TOTAL</b>		<b>138.82</b>		

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

## PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

## PART C — OATH

I, the person whose name appears at the beginning of this form, do  
depose on oath or affirmation and say that the information disclosed  
herein and on any attachments made by me constitutes a true accurate,  
and total listing of all gifts required to be reported by Section 112.3148,

Florida Statutes

**Donald W. Fleming**  
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA  
COUNTY OF **Flagler**  
Sworn to (or affirmed) and subscribed before me this  
**14th** day of **March**, 2011  
by **Donald W. Fleming**  
**Joyce C. Gallagher**  
(Signature of Notary Public-State of Florida)  
**Joyce C. Gallagher**  
(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known ☒ OR Produced Identification  
Type of Identification Produced

## PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709, physical address 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30).

## FINANCIAL INTERESTS



Donald William Fleming  
Sheriff  
Flagler County  
Elected Constitutional Officer  
1001 Justice Ln  
Bunnell, FL 32110-4434

2

**PROCESSED**

FOR OFFICE  
USE ONLY:

RECEIVED  
FEB 13 2011

ID Code



ID No 97520

Conf Code

P Req. Code

Fleming, Donald William

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, or a more current date [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3]

My net worth as of December 31, 2010 was \$ 700,000.00

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items, art objects, household equipment and furnishings, clothing, other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 70,000.00

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

Home	Vsystech. \$500.	475,000.00
CAR		8,000.00
Money market		7,000.00
checking		8,000.00
HARTFORD	TOTAL \$ 700,000.00	55,000.00

## PART C -- LIABILITIES

## LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

MORTGAGE	90,000.00
Equity loan	35,000.00
	125,000.00

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY


## 2009

|||||

**Donald William Fleming**  
**Sheriff**  
**Flagler County**  
**Elected Constitutional Officer**  
**1001 JUSTICE LN**  
**BUNNELL, FL 32110-4434**

**PROCESSED**

**COMMISSION ON ETHICS**

DATE RECEIVED \_\_\_\_\_

MAY 19 2010

ID Code



ID No.

97520

Conf. Code

P. Req. Code

**Fleming , Donald William**

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

Please enter the value of your net worth as of December 31, 2009, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of Dec 31, 2009 was \$ 2,020.06

**HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items, art objects; household equipment and furnishings; clothing; other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 40,000.00.

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

**DESCRIPTION OF ASSET** (specific description is required - see instructions p.4)

**VALUE OF ASSET**

BANK WACHOVIA CK. 5,413.75  
MM ~~5,413.75~~ 66,760  
VYSTAR BANK MM 2,270.98  
Deferred Comp HARTFORD 23,800  
HOME - SOL,000.00 CAR 8,000

**LIABILITIES IN EXCESS OF \$1,000:**

NAME AND ADDRESS OF CREDITOR

**AMOUNT OF LIABILITY**

Mortgage	85,000.00
Equity Loan	14,038.00
VISA Credit Card	4,000.00

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR

**AMOUNT OF LIABILITY**

97520

DATE RECEIVED

DATE RECEIVED

2009

## Form 9

QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)

LAST NAME -- FIRST NAME -- MIDDLE NAME <b>Fleming Donald William</b>			NAME OF AGENCY <b>Flagler County Sheriff's Office</b>	
MAILING ADDRESS <b>1001 JUSTICE LANE</b>			OFFICE OR POSITION HELD <b>Sheriff</b>	
CITY <b>Bunnell</b>	ZIP <b>32110</b>	COUNTY <b>Flagler</b>	FOR QUARTER ENDING (CHECK ONE) <input type="checkbox"/> MARCH <input type="checkbox"/> JUNE <input checked="" type="checkbox"/> SEPTEMBER <input type="checkbox"/> DECEMBER	
			YEAR <b>2009</b>	

## PART A — STATEMENT OF GIFTS

PROCESSED

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
7/19/09	REPLICA FIREARMS WYATT GARK	189.50	Sheriff Ric Bradshaw	Palmer Beach Sheriff's Office

☐ CHECK HERE IF CONTINUED ON SEPARATE SHEET

## PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

☐ CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

## PART C — OATH

I, the person whose name appears at the beginning of this form, do  
depose on oath or affirmation and say that the information disclosed  
herein and on any attachments made by me constitutes a true accurate,  
and total listing of all gifts required to be reported by Section 112 3148.

Florida Statutes

**Donald Fleming**  
SIGNATURE OF REPORTING OFFICIAL

STATE OF FLORIDA  
COUNTY OF **Flagler**  
Sworn to (or affirmed) and subscribed before me this  
**2009** day of **July**, 20**09**  
by **Donald W. FLEMING**  
**Joyce C. Gallagher**  
Notary Public, State of Florida  
Joyce C. Gallagher  
My Commission DD638798  
(Print, Type, or Stamp Expires 12/31/12) Name of Notary Public  
Personally Known ☒ OR Produced Identification  
Type of Identification Produced

## PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709, physical address 3600 Maclay Blvd. South, Suite 201, Tallahassee, Florida 32312. The form must be filed no later than the last day of the calendar quarter that follows the calendar quarter for which this form is filed (For example, if a gift is received in March, it should be disclosed by June 30)

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2008

\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T3 P1 3

Donald William Fleming  
Sheriff  
Flagler County  
Elected Constitutional Officer  
1001 Justice Ln  
Bunnell, FL 32110-4434

|||||

FOR OFFICE  
USE ONLY:

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 23 2009

ID Code



ID No.

97520

Conf. Code

P. Req. Code

Fleming, Donald William

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A - NET WORTH

Please enter the value of your net worth as of December 31, 2008, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 08 was \$ 722,364.09

## PART B - ASSETS

### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 80,000.00

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

BANK Accounts	OK	2,781.43	
	mlm	2,191.94	
	mlm	121,390.73	
	CD	20,000	
Home	500,000	BOAT	10,000, CAR 16,000

## PART C - LIABILITIES

### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Mortgage	87,500.

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY




JUN 23 2008

FOR OFFICE  
USE ONLY:

Donald William Fleming  
Sheriff  
Flagler County  
1001 Justice Ln  
Bunnell, FL 32110-4434



PROCESSED

ID Code



ID No.

97520

Conf Code

P Req Code

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

Fleming, Donald William

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2007, or a more current date [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3]

My net worth as of December, 20 07 was \$ 794,578.73

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 80,000.00

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
BANK Accounts	16248.35
	151,233.86
	200,411.57
Home - 510,000. Boat 15,000, Car 18,000	

## PART C -- LIABILITIES

## LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE	88,600.26
Home Equity	92,715.16

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

97520

COMMISSION ON ETHICS

FORM 9

QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)

DATE RECEIVED

OCT 01 2007

LAST NAME — FIRST NAME — MIDDLE NAME: LEMINO, DONALD WILLIAM		NAME OF AGENCY: FLAGLER COUNTY SHERIFF'S OFFICE	
MAILING ADDRESS: 1001 JUSTICE LANE		OFFICE OR POSITION HELD: SHERIFF	
CITY: BUNNELL, FL	ZIP: 32110	COUNTY: FLAGLER	FOR QUARTER ENDING (Check One): MARCH JUNE <u>SEPTEMBER</u> DECEMBER
			YEAR: 20 <u>07</u>

PART A — STATEMENT OF GIFTS **PROCESSED**

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
July '07	MARIOTT SAWGRASS # HOTEL & SPA GIFT CERTIFICATE	150.00	FL SHERIFF'S ASSOC. SUMMER CONFERENCE	SHERIFF DAVID ST. JOHNS COUNTY

CHECK HERE IF CONTINUED ON SEPARATE SHEET

PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

STATE OF FLORIDA  
COUNTY OF Flagler

Sworn to (or affirmed) and subscribed before me this

day of

by

(Signature of Notary Public-State of Florida)

SIGNATURE OF REPORTING OFFICIAL

Maria Lavin-Sanhudo  
Commission # DD464489  
Expires August 23, 2009

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification

Type of Identification Produced

PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the *Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709*. The form must be filed **no later than** the last day of the calendar quarter that follows the calendar quarter for which this form is filed. (For example, if a gift is received in March, it should be disclosed by June 30.)

## FINANCIAL INTERESTS

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 28 2007

FOR OFFICE  
USE ONLY:

\*\*\*\*\*AUTO\*\*ALL FOR AADC 320T3 P15

Donald William Fleming  
Sheriff  
Flagler County,  
1001 Justice Ln  
Bunnell, FL 32110-4434

ID Code

ID No.

97520

Conf. Code

P. Req. Code

Fleming, Donald William

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2006, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of 6/7, 2007 was \$ 986,476.00

## PART B -- ASSETS

## HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 62,065.00

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
REAL ESTATE (6 CEDARWOOD CT, PALM COAST, FL 32137)	610,000.00
WACHOVIA-CK-M.M. TOWNE CENTRE, PALM COAST, FL 32137	335,422.85
FL RETIREMENT SYSTEM-INVESTMENT PLAN (FIRST INVESTMENT PLAN P.O. BOX 56290, JACKSONVILLE, FL 32241)	72,176.51
JUDGEMENT RECEIVABLE	89,772.45
PLUS JUDGEMENT RECEIVABLE-INTEREST	11,371.06

## PART C -- LIABILITIES

## LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE MANHATTAN MORTGAGE (P.O. BOX 900187, LOUISVILLE, KY 40290)	90,005.83
WACHOVIA-EQUITY LOAN (TOWNE CENTRE, PALM COAST, FL 32137)	104,326.04

## JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

97520

COMMISSION ON ETHICS

DATE RECEIVED

SEP 29 2006

## FORM 9

QUARTERLY GIFT DISCLOSURE  
(GIFTS OVER \$100)

LAST NAME — FIRST NAME — MIDDLE NAME <b>FLEMING, DONALD William</b>		NAME OF AGENCY <b>FLAGLER COUNTY SHERIFF'S OFFICE</b>	
MAILING ADDRESS <b>1001 JUSTICE LANE</b>		OFFICE OR POSITION HELD <b>SHERIFF</b>	
CITY <b>BUNNELL, FL</b>	ZIP <b>32110</b>	COUNTY <b>FLAGLER</b>	FOR QUARTER ENDING (Check One): MARCH JUNE <b>SEPTEMBER</b> DECEMBER
			YEAR: 20 <b>06</b>

## PART A — STATEMENT OF GIFTS

Please list below each gift, the value of which you believe to exceed \$100, accepted by you during the calendar quarter for which this statement is being filed. You are required to describe the gift and state the monetary value of the gift, the name and address of the person making the gift, and the date(s) the gift was received. If any of these facts, other than the gift description, are unknown or not applicable, you should so state on the form. As explained more fully in the instructions on the reverse side of the form, you are not required to disclose gifts from relatives or certain other gifts. **You are not required to file this statement for any calendar quarter during which you did not receive a reportable gift.**

DATE RECEIVED	DESCRIPTION OF GIFT	MONETARY VALUE	NAME OF PERSON MAKING THE GIFT	ADDRESS OF PERSON MAKING THE GIFT
July '06	WOMEN'S DIAMOND PENDANT WON ON DRAWING by LORRAINE FLEMING	\$1,000.00	FL. SHERIFFS ASSOC. SUMMER CONFERENCE  <b>PROCES:</b>	SHERIFF BEN JOHNSON, HOST YOLUSIA COUNTY

CHECK HERE IF CONTINUED ON SEPARATE SHEET

## PART B — RECEIPT PROVIDED BY PERSON MAKING THE GIFT

If any receipt for a gift listed above was provided to you by the person making the gift, you are required to attach a copy of that receipt to this form. You may attach an explanation of any differences between the information disclosed on this form and the information on the receipt.

CHECK HERE IF A RECEIPT IS ATTACHED TO THIS FORM

## PART C — OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed herein and on any attachments made by me constitutes a true, accurate, and total listing of all gifts required to be reported by Section 112.3148, Florida Statutes.

STATE OF FLORIDA  
COUNTY OF Flagler  
Sworn to (or affirmed) and subscribed before me this 9-27-06  
day of 27, 20 06  
by Donald W Fleming  
(Signature of Notary Public-State of Florida)

SIGNATURE OF REPORTING OFFICIAL

Maria Lavin-Sanhudo

Commission # DD464489

Expires August 23, 2009

Bonded-Try-Fair-Insurance, Inc. 800-385-7019

(Print, Type, or Stamp Commissioned Name of Notary Public)  
Personally Known X OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

## PART D — FILING INSTRUCTIONS

This form, when duly signed and notarized, must be filed with the **Commission on Ethics, P.O. Drawer 15709, Tallahassee, Florida 32317-5709**. The form must be filed **no later than** the last day of the calendar quarter that follows the calendar quarter for which this form is filed. (For example, if a gift is received in March, it should be disclosed by June 30.)

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2005

\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T3 P1 10  
 Don Fleming  
 Sheriff, Elected Constitutional Officer  
 Flagler County  
 1001 Justice Ln  
 Bunnell, FL 32110-4434



PK 000000

FOR OFFICE  
 USE ONLY:

COMMISSION ON ETHICS  
 DATE RECEIVED

JUN 29 2006

ID Code



ID No.

97520

Conf. Code

P. Req. Code

Fleming, Don

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2005, or a more current date. [Note. Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3]

My net worth as of 1/6, 2006 was \$ 817,275.50

## PART B -- ASSETS

### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use

The aggregate value of my household goods and personal effects (described above) is \$

67,000.00

### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
REAL ESTATE (10 CEDARWOOD CT, PALM COAST, FL 32137)	610,000.00
WACHOVIA - MONEY MARKET (TOWNE CENTRE, PALM COAST, FL 32137)	252,421.54
JUDGEMENT RECEIVABLE	89,772.45
PLUS	
JUDGEMENT RECEIVABLE - INTEREST	11,371.06

## PART C -- LIABILITIES

### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE MANHATTAN MORTGAGE, P.O. Box 900187, Louisville, Ky 40290	92,203.77
WACHOVIA, TOWNE CENTRE, PALM COAST, FL 32137	121,085.78

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

# FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2004

AUTO 3 DIGIT 321 T32 P1 4  
 Don Fleming  
 Sheriff Flagler County  
 Elected Constitutional Officer  
 1001 Justice Ln  
 Bunnell FL 32110 4434



FOR OFFICE  
 USE ONLY

COMMISSION ON ETHICS  
 DATE RECEIVED

JUN 30 2005

ID Code



ID No

97520

Conf Code

P Req Code

Fleming Don

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

## PART A - NET WORTH

Please enter the value of your net worth as of December 31 2004 or a more current date [Note Net worth is not calculated by subtracting your reported liabilities from your reported assets so please see the instructions on page 3]

My net worth as of 12/31 2004 was \$ 721,412.09

## PART B ASSETS

### HOUSEHOLD GOODS AND PERSONAL EFFECTS

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1 000. This category includes any of the following if not held for investment purposes: jewelry, collections of stamps, guns, and numismatic items, art objects, household equipment and furnishings, clothing, other household items, and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 87,000.00

### ASSETS INDIVIDUALLY VALUED AT OVER \$1 000

DESCRIPTION OF ASSET	VALUE OF ASSET
REAL ESTATE	555,000.00
(WACHOVIA) Checking	10,278.09
(WACHOVIA) MONEY MARKETS	192,097.80
JUDGEMENT RECEIVABLE (PLUS)	89,772.45
" " INTEREST	11,371.06

## PART C - LIABILITIES

### LIABILITIES IN EXCESS OF \$1 000

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHASE MANHATTAN MTG. P.O. Box 900187, Louisville, Ky 40290	93,734.28
WACHOVIA TOWN CENTRE, Palm Coast, FL 32137	131,373.03

### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY